

State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4) **Summary Sheet**

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side. **TOTAL PAGES IN ENTIRE CFA-4 REPORT** IS THIS AN AMENDMENT? Yes

COMMITTEE INFORMATION	360 31		CALL STREET	
Full name of committee (as on Statement of Organization) Check if this is a new name	me		ALL SPACES in Tolem	
Committee to Elect Brian Mayo City Council	tours. Flacti	the newspaper and	See STANDARD See	
	3. Commit	ommittee telephone number		
NIA	(317	340-893	7	
4. Mailing address (address where all campaign finance correspondence is received)	eck if this is	a new address	report, including any sit	
541 Ash Oc.	hogs: skill	to fasti sperio finisi	15 THIS AN AMENDIN	
5. City, state, ZIP code	6. Party af	filiation (if applicable)	lua nottermolni signaria	
(armel, IN 46032	Rep	74		
CANDIDATE INFORMATION (For Candidate's Co	mmittees	Only)		
7. Full name of candidate (include any nickname)	8. Party af	filiation or if independ	ent candidate	
Brian D. Maro	Rep	Extravador to vivos	DEM & Enter the acc	
Office sought (Include district number, if any. Not required for exploratory committee.)	10. County	y of residence	DAS	
Carnel City Council, District 3	Ham	:Iton	moo enthaled to METI	
TYPE OF REPORT		CONVENTION	N CANDIDATES ONLY	
11. Check one:		Check one:	ITEM 4: Enter the	
Pre-Primary Pre-Election Annual Final/Disbands Committee (lines 18, 19, and 20	must be "0	7) Pre-Conven	ition	
Outgoing Treasurer (within 10 days amend Statement of Organization)		Post-Conve	ntion	
12. Reporting Period:	27P. or	COLUMN A	COLUMN B	
From: Jan 1, 2005 Through: Dec. 31, 2005		This Period	Year to Date	
13. Cash on hand and investments at the beginning of this reporting period.	0 7 9 9	\$ 19.00		
14. Cash on hand and investments January 1, current year.			\$19.00	
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	ventures			
15a. Itemized (use Schedule A)	4	250.42	\$ 250 42	
15b. Unitemized	1	A Q	4 0	
15c. Add lines 15 a and 15b in both columns SUBTO	TAL	1250.42	\$ 250.42	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B		7269.42	# 269.42	
EXPENDITURES		201.1-	207.72	
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	alught by	\$ 0	DØ	
17b. Uniternized	201000	8 0	70	
17c. Add lines 17a and 17b in both columns SUBTO	OTAL	# 0	\$ 0	
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL 1	1269.42	\$1 269.42	
19. Debts OWED BY the committee (use Schedule D)		h Ø		
20. Debts OWED TO the committee (use Schedule E)	o segyi edii g	N Ø		

17b. Unitemized		1 6	\$ 0
17c. Add lines 17a and 17b in both columns	SUBTOTAL	# Ø	\$ 0
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	# 269.42	\$1269.42
19. Debts OWED BY the committee (use Schedule D)		B Ø	
20. Debts OWED TO the committee (use Schedule E)	a type of repo	to Ø	ole:
CERTIFICATION			FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT	IS TRUE COR	RECT AND COMPLETE	1 0 1000
Signature on File			000

WARNING: Any information contained in this-report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER				
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Page _	2	of _	10	

CON	TRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. No	confributions from individuals	Contributions: Direct In-Kind (describe)			
		☐ Interest ☐ Loan ☐ Misc. (specify)	iif regular party	tar cocount	nelac nmoo
Contributo	r's Occupation (if required)	songs and in three space.	intering a contrib	DESIGNATION OF THE PROPERTY OF	291111
2.	rade aggregate contributions of at least free contributers is optional. Examples:	Contributions: Direct In-Kind (describe)		JPATION: Enter 0 during the ca	31,00
		Other Receipts: Interest Loan Misc. (specify)	TOW , WOT THE TOWN OR STAFF	DE CONTRIBUTION IN THE CONTRIBUTION OF CONTRIB	IGYT poseb
Contributo	r's Occupation (if required)	eldisto	a se oliceda es a	d auconalisasen	104
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		Other Receipts: Interest Loan Misc. (specify)	ATIVE YEAR-Worlder years onch calendar y	MMN B CUMUL enain, or plaer a e litet report of	eneri
	r's Occupation (if required)				- 10
4		Contributions: Direct In-Kind (describe)	ter the month, do a the committee sitten or mailed. I	RECEIVED: Er i indicate the da he date it was w	TAG Sebro TOM
		Other Receipts: Interest Loan Misc. (specify)	ittee's scooms, he ine committee m	ited in the committee of the senter	denoi RECI 25)
Contributor	r's Occupation (if required)				
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		Other Receipts: Interest Loan Misc. (specify)	ES ON SCHEDU it of all pages or	L OF ALL PAGE the total amount.	ShertS
Contributor	's Occupation (if required)				
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	TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	s -		



State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
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Page _	3	of 10		

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. No	contributions from corporations	Contributions: Direct In-Kind (describe)	rive require more ation, for example mether a contribu- of the contributor	a corporament chapter S corpor are uncertain a stilling the status	Sure poy
	has inside on a (1) or more contributions in exceeding \$100 (\$200 if regular party	Other Receipts: Interest Loan Misc. (specify)	ina mailing acidne thin the calendar	emen aut orb se w (brox-re grabu memo)	enij onij moš
2.	cumulative receipts over \$100 within a	Contributions: Direct In-Kind (describe)	and mailing added	emen light ent or 1002), now hat o	403 480
		Other Receipts: Interest Loan Misc. (specify)	entering a contrib		FIAI FIAI
3.	opropriate box. For in-tind combusions agns, bumper stickings or mailings, etc.).	Contributions: Direct In-Kind (describe)	product or service product or service se sa specific as p	c or coerns rbe the general miscellamecus*.	esh to i
		Misc. (specify)	T THIS PERSON: This reporting per LATIVE YEAR-T	UMNI A ARIOUR office receipts for	100 ned
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State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page _	4	of _	10	

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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		Other Receipts: Interest Loan Misc. (specify)		pla for this regol B CUMULATIV	KINUJOO
3.	the same as the entry in Column A.	Contributions: Direct In-Kind (describe)	ear-to-data calandar year,		On the fin
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	NLY: Enter (QN THE LAST PAGE ONLY) EM 15a of the Summary ShoeL	Other Receipts: Interest Loan Misc. (specify)	F SCHEDIRE A s on Schedula A	ALL PAGES Count of all page	is later off.
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State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page _	5	of _	10	State of the state

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. Committee for Carmel's Future 10831 Upland Way	Contributions: Direct In-Kind (describe)	\$250.42	1250.42	3/15/05 DOM
Nolblesville, IN 46060	Other Receipts: Interest Loan Misc. (specify)	niosi ra-tralanini ummittee, or rega	Iransfer-in. All collical action o	s bevisoet sekliminto
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State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page _	6	of	10	_	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. No contributions from other organizations	Contributions: Direct In-Kind (describe)			
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State Form 4606 (R10/11-03)

Indiana Election Commission (IC 3-9-5-14)

Approved

(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this

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Page	7	_ of _	10	1

RECIPIENT'S NAME AND MAILING ADDRESS) (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

FILE	NUMBER	

Enter Text of Public Question		LIC QUESTION INFORMA			
	Local	r the committee supports or or ESS: Enter the full nerns and ments have been made. I expenditure,	D MAILING ADDR 1) or mare disburse E: Chack line type o	(ENT'S NAME AN IDE to Whom one (OF EXPENSITURE)	
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE	PURPOSE OF EXPENDITURE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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(CFA-4 SCHEDULE D)
DEBTS OWED BY THIS COMMITTEE

State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER					
Page _	9	of	10		

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any)	AMOUNT	DATE DEBT	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED	YEAR-TO-DATE	PERIOD
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(CFA-4 SCHEDULE E)
DEBTS OWED TO THIS COMMITTEE

State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

FILE NUMBER						
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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

BORROWER'S NAME & MAILING ADDRESS	CO-SIGNER;S NAME & MAILING ADDRESS (if any)	ORIGINAL AMOUNT	DATE DEBT	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
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